



ACCOMACK

# County sets public hearing on FY 24 budget

BY CAROL VAUGHN  
Eastern Shore Post

The Accomack County Board of Supervisors voted Wednesday to hold a public hearing March 15 about the 2024 budget of \$77.8 million and tax rates.

The only tax increase proposed is a doubling of the cigarette tax, from 10 cents to 20 cents per pack. The tax was new this year.

The board heard from Accomack County Public School Superintendent Chris Holland and School Finance Director Beth Onley about the school board's 2024 budget and request for county funds.

The schools will receive \$22 million from Accomack County next year. That includes a \$576,000 increase, derived from the county's revenue sharing formula.

"We can not operate without you all," Holland told the board, noting the school board approved a 2024 budget of more than \$67 million Tuesday.

The school budget includes a 5% raise for all employees, at a cost of nearly \$2 million.

The percentage could increase depending on the outcome of state budget discussions, according to Onley.

The budget also includes an increase in the employer contribution for health insurance.

Additional proposed expenditures include money for a compensation study; an IEP compliance specialist, a position currently in place and funded by American Rescue Plan Act money; an elementary alternative education program teacher and assistant; and three system analysts for the joint county/schools ERP (enterprise resource planning) program.

The school budget as proposed has a shortfall of just over \$2.1 million.

Onley said revenue from the state decreases an estimated \$1.9 million next year — the amount could change, depending on the outcome of legislation related to a calculation error by the Virginia Department of Education regarding the grocery sales tax.

School board priorities, in accordance with a strategic plan, include providing teacher and staff pro-

fessional development opportunities; increasing partnerships to expand mental health services; and maintaining safe facilities, Holland said.

The district has more than 810 full-time employees, including 440 teachers, and around 4,851 students, according to Holland.

Holland spoke about the recent shooting of a Newport News teacher by a 6-year-old student, noting he had instituted a safety audit team in Accomack before the incident.

He said nearly 300 students attended a recent Saturday "Success Academy," instituted to help address learning loss as result of the COVID-19 pandemic.

Students receive tutoring, breakfast and lunch, and transportation to and from the academy.

Holland also spoke about capital improvements, including a new roof for Tangier Combined School; a new auxiliary gymnasium at Nandua High School; new playground equipment, including adaptive equipment for children who use wheelchairs; football field lighting; and parking lot paving, among others.

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# Northampton County DAR erects grave marker at Eyre Hall

The Northampton County Chapter of the National Society Daughters of the American Revolution dedicated a grave marker for Margaret Taylor Eyre at Eyre Hall near Eastville on Jan. 14.

The occasion took place at the historic home, which has been in the Eyre family since 1668, with chapter members, special guests, and Baldwin family members — the current Eyre Hall family owners — present.

The ceremony included an Honor Guard from American Legion Post 56, led by Commander William Lewis, and retired U.S. Air Force Captain William Hauk of the Bugles Across America.

The plaque was unveiled by retired General Donna Crisp, Honorary Chapter Regent of the Great Bridge Chapter. Historical remarks were presented by Brooks Miles Barnes and genealogical information presented

by Dr. David Scott of the Northampton County Preservation Society. The ceremony was followed by a reception.

DAR members across the country are raising awareness of the roles of women, Native Americans, and African Americans in the fight for American independence by proving their service.

Identifying the documentation for such service is challenging, with these individuals often referred to as “forgotten patriots.” Patriot service did not include just that of fighting soldiers, but anything that aided in the fight including donating property and civil service. Additional information can be found at [www.dar.org](http://www.dar.org)

Margaret Taylor Eyre’s patriot service during the Revolutionary War consisted of providing bushels of oats to the Northampton County Militia in 1780 and 1781, which is documented in audited accounts.

The chapter sent the patriot research, which was found with the assistance of Scott, to the National DAR office, which verified her service.

Margaret Taylor married Severn Eyre III on Jan. 28, 1760, but he died in 1773, before the war.

She is buried at Eyre Hall where the plaque will be placed. Barnes and Scott remarked on the difficulties Eyre would have overcome managing the large farm without her husband during the war in addition to being a mother.

After the presentation of colors, the Color Guard presented Furlong Baldwin a United States flag in recognition of his community service and his military service in the Marines. Hauk played the Marine Hymn in addition to taps and other bugle pieces.

The DAR, founded in 1890 and headquartered in Washington, D.C., is a volunteer women’s service organiza-

nization dedicated to promoting patriotism, preserving American history, and securing America’s future through better education for children.

Chapter member activities include civic education with programs like the Constitution Day event. As one of the most inclusive genealogical societies in the country, DAR boasts over 190,000 members in 3,000 chapters across the United States and internationally. The Northampton County Chapter has 41 members. Any woman 18 years or older — regardless of race, religion, or ethnic background — who can prove lineal descent from a patriot of the American Revolution, is eligible for membership. For more information about DAR and membership, visit [www.dar.org](http://www.dar.org) or email the local Chapter at [NorthamptonCountyVADAR@yahoo.com](mailto:NorthamptonCountyVADAR@yahoo.com).

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Guest Column Submitted by Kelly Bulin, ESCSB

GUEST COLUMN

# Shore's opioid death rates should begin conversation

BY KELLY BULIN

Special to the Eastern Shore Post

The death rate due to opioid overdose for Northampton County was 25.7% and Accomack County was 12.4% in 2020, according to the Virginia Department of Health.

September was National Opioid Awareness Month. The Centers for Disease Control define an "opioid" as a natural, synthetic, or semi-synthetic chemical that interacts with the opioid receptors on nerve cells in the body and brain that reduce the intensity of pain signals and feelings of pain.

This class of pain-relieving drugs include, heroin, and fentanyl, and even prescriptions such as oxycodone, hydrocodone, codeine, morphine, and many others.

Prescriptions opioids are generally considered safe to use for a short period of time and when under supervision of a doctor, however, because it produces a euphoric state in the body, overuse can lead to the potential of addiction.

Anyone who takes a prescription opioid has the potential to become addicted. When opioids are taken in at an excessive rate, there then becomes a risk of an overdose death. Seventy-five percent of all overdose deaths in 2020 involved an opioid.

In a tight-knit community like the Eastern Shore, it can be easy to adopt the "it would never happen here" mentality. But statistics show the opioid epidemic is, in fact, "happening here."

So now the question becomes: What can we do about it? One of the easiest things that we can do is to start talking about it.

The more we talk about opioids and their addictive potential and the side effects of abuse and misuse, the

less stigmatizing it becomes. This potentially can make it easier for those suffering from a substance use disorder to seek out help.

We can also make ourselves more aware of the resources that are available in our community such as safe prescription medication disposal boxes that are available at several police stations on the Shore, as well as medication disposal bags available for free at the Community Services Board Prevention Office in Belle Haven.

These pouches are easy to use and the most effective way to discard old or unused prescription medications. The Community Services Board office of Prevention also offers "REVIVE!" opioid overdose reversal training courses. These courses teach about how to recognize the signs of an overdose, how to administer Narcan, as well as how to get appropriate professional help. This course takes about an hour to complete.

Did you know that the Community Services Board also offers substance use outpatient services at its two Parksley locations on Dunne Avenue and Greenbush Road? They are staffed by one dually credentialed licensed clinician, one licensed eligible clinician and one Certified Substance Abuse Counselor.

Additional supports are also offered to individuals such as Case Management, Peer Recovery Services, and even Medicated Assisted Recovery supports.

For additional resources and information please visit the Eastern Shore Community Services Board's webpage, [ESCSB.org](http://ESCSB.org)

For REVIVE! Training please visit [escsb.org/prevention](http://escsb.org/prevention)

The writer is director of Program Development, Planning and Prevention Services at the Eastern Shore of Virginia Community Services Board.



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# 'No one emerges unhurt'

Local groups work to prevent suicide, which an expert says has increased in frequency on the Eastern Shore in recent years

BY DAVID LOZZEL MARTIN  
Eastern Shore Post

My younger brother fatally shot himself while standing in a bathtub with the shower curtains closed to minimize damage to the room. He was being considerate to the landlord, a friend of his.

It was not so considerate to our sister, who adored her baby brother, helped raise him in a dysfunctional family, and was close to him as an adult.

When the metaphorical bomb went off, she was devastated.

That's the way someone described suicide, a bomb that causes injuries to people near and far.

A person stands surrounded by concentric circles made up of all the individuals the person knows. The people who are bound most closely to the person by family ties or personal relationships stand in the circles nearest to the person. Acquaintances stand in circles further out.

The person sets off the bomb he's been secretly holding and is killed, the only one to die. But everyone standing in those circles is injured to a degree.

The people standing closest are hurt the most. But even the people standing in the furthest circles suffer negative consequences such as bewilderment, sadness, guilt.

## Local resources

September is Suicide Prevention Awareness Month to publicize what can be done to help a person contemplating suicide — and what steps people standing in the circles around that person can take to prevent the bomb going off.

Among the organizations supporting Suicide Prevention Aware-



Standing close to each other as they were close in life are the author's sister, Nancy, and brother, Eric. Eric killed himself 12 years ago during the month of September. The picture was taken in happier times, two decades before the suicide.

COURTESY PHOTO

ness Month are the National Alliance on Mental Illness and, on the Eastern Shore, Community Partners of the Eastern Shore of Virginia and the Eastern Shore Community Services Board, commonly called the CSB.

Anyone can call or text 988 to be connected to treatment and support related to the risk of suicide. The 988 number became available in English and Spanish across the U.S. this summer.

On the Eastern Shore, health providers screen for suicide risk and, if

concerns are raised, physicians and nurses can call Prevention Services at the CSB.

From there, family members of the at-risk person can be contacted and if the situation becomes acutely dangerous, sheriff's deputies can be called in to make a wellness check.

Riverside Shore Memorial Hospital in Onancock partners with the CSB on suicide prevention issues.

"Every patient who presents to our Emergency Department is asked, 'Are you having any thoughts of harming yourself?'" Tiffany Bloom, a registered

nurse who is director of the hospital's emergency department, told the Eastern Shore Post.

"If the patient answers yes, or we suspect that is their intent, we begin a series of more detailed questioning utilizing the 'crisis triage rating scale' or CTRS, which helps our team determine the level of danger a patient is to themselves or others," she said.

From there, she said the hospital works to support the patient's individual needs, partnering with the CSB

(Continued on Page 15)

## SUICIDE PREVENTION SCREENING, ADVICE

Kelly Hill Bulin, with Prevention Services at the Eastern Shore Community Services Board, said when talking with someone who might be at risk for suicide, the direct question has to be asked: Are you thinking of harming yourself?

But, Bulin emphasizes, the question should be asked only if the person asking is willing to follow up with discussions and efforts to help.

Gleaned from a variety of sources, here are some screening questions to determine if a person is at risk for suicide:

- In the last two weeks, have you wished you were dead?
- Do you feel that you or your family would be better off if you were dead?
- Have you been having thoughts about killing yourself?
- Have you ever tried to kill yourself?
- Do you have access to weapons or other means for harming yourself?

### WHAT TO AVOID

- Do not refuse to discuss the issue.
- Do not be shocked, outraged, or angry.
- Do not press the person to explain why.
- Do not promise to keep it secret.
- Do not laugh it off or offer a glib response like, "Hang in there."
- And absolutely do not assume the person is bluffing and dare him or her to go through with it.

### RESOURCES

If you are having thoughts of suicide or know someone who might be at risk, consider these resources:

- Call 988.
- The previous National Suicide Prevention Lifeline will remain available: 800-273-8255.
- Call the Eastern Shore Community Services Board 24-hour crisis services at 757-442-7707 or 800-764-4460.
- Veterans don't have to be enrolled in a Veterans Administration program to get help. Dial 988, press 1, chat live, or text 838255.
- Visit the Eastern Shore Community Services Board Office of Prevention Services, 15150 Merry Cat Lane, Belle Haven.
- Talk with a doctor or nurse. Health care providers know how to screen and refer people at risk for suicide.
- Talk with your faith leader. Some research shows that twice as many people in a mental health crisis will seek help from faith leaders than from mental health professionals.

— David Lozell Martin



SUBMITTED PHOTO

The Eastern Shore Community Services Board Prevention Services has the only mobile unit of its kind in Virginia, bringing mental health services to people without transportation. Pictured from left are Caitlin Ford, supervisor of substance abuse outpatient; Cotina Strand, medical assistant; Alicia Rose, psychiatric nurse practitioner; and Crystal Roughton, lead peer recovery specialist.



SUBMITTED PHOTO

Phyllis Quivers, prevention specialist with Eastern Shore Community Services Board Prevention Services, holds a pizza box with information on how to contact suicide prevention resources locally and nationally. The pizza box effort, a partnership with Eastern Shore of Virginia restaurants, is one of the many ESCSB outreach programs.

## Suicide prevention

(Continued From Page 14)

to assist the patient in acquiring outpatient care through a crisis center or inpatient care at an acute-care facility.

### Dramatic increase

According to the 2018 report, Suicide and Self-Harm in Virginia, Accomack and Northampton counties were in the state's lowest two categories for suicide and self-harm.

But the situation has become dramatically more serious since those last reported figures, said Kelly Hill Bulin, the CSB's director of Program Development, Planning and Prevention Services, in an interview with the Post.

She said problems of suicide, mental health, depression, drug overdoses, and self-harm have been increasing over the past year, "particularly among children and youth and veterans."

Tragically, suicide nationally is the second leading cause of death for children ages 10 to 14.

The Prevention Services department at the CSB provides programs that promote mental health to kids, ages 2 to 17, and to their parents. These programs are community- and school-based and support youth at high levels of risk.

The CSB also works with many Shore

resources to put out the word on suicide prevention. Shore restaurants, for example, use coasters and pizza boxes with contact information and advice on how to help someone dealing with suicide.

The CSB has Virginia's only mobile unit to provide these mental health services. Bulin said the unit was purchased with help from grants and now operates under the CSB's budget.

The unit, fully staffed and equipped to offer outpatient services, travels to Chincoteague, Eastville, and Nassawadox. Appointments can be made, but walk-in patients are also accepted.

In the wake of the COVID-19 pandemic, rates of suicides and suicide attempts jumped dramatically for children from age 10 to 19 and especially for girls in that age range. LGBTQ kids have an increased risk of suicide.

Veterans are vulnerable too. According to 2021 research from Boston University: "In the 20 years since (the) September 11 terror attacks, four times as many deaths among members of the military have been caused by suicide compared to those killed in action. That's 30,177 active duty personnel and veterans of the post-9/11 wars who have taken their own lives."

Both pre- and post-pandemic, the highest rate of suicide (70% percent of all suicides) and the largest risk for suicide both belong to one group: middle-age white men — like my brother.

### Collateral damage

My brother and I weren't close, but I was hit with guilty questions in the aftermath of his suicide.

There was a 16-year gap in our ages, we hadn't visited for several years, and we lived half a continent away from each other.

Could I — would I — have done something if I'd known his last days were spent taping newspapers over the mirrors in his apartment because he couldn't stand the sight of his own reflection?

Should I have done something when he called shortly before his death to say he was down in the dumps about not having a job?

Will I ever know how someone so talented, handsome, and popular could explode a bomb like that?

Sometimes, a person believes every one standing in those circles around him will be better off if he is dead and gone. It doesn't turn out that way.

Collateral damage is inevitable, leading to everything from grief and doubt to depression or in some cases to suicide, setting off another explosion, another round of pain.

Any way you look at it, sympathy for the person in so much pain she kills herself or sympathy for all the people hurt by that act of self-destruction — it's tragic and ugly.

And no one emerges unhurt.



# SHORE GETS \$100,000 GRANT TO FIGHT OPIOID ADDICTION

By Linda Cicaira

Virginia gave \$100,000 of the \$10 million spent statewide to the Eastern Shore Community Services Board (ESCSB) recently to help prevent opioid addiction, but the area got no money to fund rehabilitation needs or for treatment medication despite a high death rate per capita for overdoses.

A local 2016 study, required for the money, includes information likely to shock parents and other residents with addiction rates being highest for those in the 16 to 24 age group and police and other focus group members speaking out about drug abuse on the Shore, including bad situations at local high schools.

Meanwhile, Kelly Hill Bulin, director of program development, planning and prevention at ESCSB, discussed new outreach plans for prevention. She said Tuesday, 32 overdose deaths occurred on the Shore between 2007 and 2015. The majority, 27, were in Accomack. About 75 percent of those deaths “were the result of more than one opioid being used,” said Bulin, explaining the victims used heroin and fentanyl or heroin and other prescription drugs.

The number of people seeking treatment at the services board doubled from 2015 to 2016, she said. Of about 1,000 people seeking treatment, half were between 16 and 24 years old.

And neither of the figures are totally accurate because some “deaths get dropped off at the emergency room here or in Maryland,” Bulin said. “If they are dead on arrival, the family doesn’t necessarily have to surrender the body for an autopsy. If it appears they have died from a heart attack ... it could have been caused by drug abuse. With an unattended death, it all depends on how it gets reported to the coroner.”

“The families clean up,” she said. “They’re ashamed. They think they are honoring and respecting their loved ones” by cleaning up before police arrive. “It doesn’t help us to know how to help.”

A successful medication for drug addicts is Suboxone. “It helps them get clean,” said Bulin. “Helps them go through withdrawal without side effects. It defuses the opioid response. It is expensive. People with opioid addiction have an illness. It (Suboxone) is not intended for a lifetime, but it could be,” she said, comparing it to insulin for a diabetic.

Last year’s study included a focus panel which was divided into two groups, police and the general public. “One high school kid was taken out of school after being jumped for walking into a restroom during a drug sale,” the officers’ comment block stated. “Schools are not good environments and there is a common understanding not to go into bathrooms between classes. Kids know who’s doing what drug. Pot is in regular use.”

“More school personnel” should have seen the film, “Chasing the Dragon,” a documentary about the life of an addict aimed at educating students and young adults about the dangers of addiction. It was shown for free locally, the comments continued. “We need to start talking in [the] community,” according to a police comment. “We see obituaries for young kids but the cause of death isn’t listed. People only know it was drug related after the fact. We need to talk early. This is everyone’s problem — not just law enforcement and clinical providers. We need to get the community interested in the issue through awareness and education. Parents aren’t interested in their kids’ education. How can we get them involved in kids’ lives?”

In 1996, Community Partners of the Eastern Shore (CPES) was formed by more than 20 local organizations. It works to solve regional issues by pooling resources, doing research projects to identify service gaps and by obtaining funding. Since then, ESCSB has been offering community programs, outreach, treatment and educational activities. By implementing interventions within the schools and the community, ESCSB staff is able to identify and address the risk factors ... including isolation, poverty, single and teen parenting, low literacy and domestic violence.

Bulin said the \$100,000 grant will help the efforts. Plans for radio shows about homelessness, hunger, substance abuse and mental illness are coming up. There’s a forum planned for Oct. 24 at the Eastern Shore Community College with a drug task force panel and reviving training “that’s open to everyone in the community,” said Bulin. Sessions will be from 3 to 5 p.m. and from 6 to 8 p.m. with more information available closer to the date.

In addition, pharmacies are going to learn more about drugs, fliers are going to be distributed, the health department and ESCSB are going to offer

drug deactivation kits — foil bags with chemicals that deactivate medication. There will be doctor surveys and a safe drug storage program for patients in hospice or in other circumstances. A television program with live phones for the community will also be held to let Shore residents know more about treatment and other services.

“We’ve got a lot in the works,” Bulin said. “I’m hopeful that the money will be provided again. We’ll be reporting back to Behavioral Health ... We certainly would want treatment funds.”

“There tends to be a trend from what is available in their home medicine cabinet,” a focus group block stated in the study. “Thirty percent use on the Eastern Shore according to (the) state police because of its availability. After being cut off from pain killers, they seek street drugs. Heroin is readily available and cheaper, reasonably easy to find, usually is the last drug after marijuana and others. The use comes from feeding the addiction not the desire to use heroin, which is highly addictive.”

Officers said sometimes getting charged with a crime is the only way to get treatment. “This is a vicious cycle of getting arrested and getting clean, then being released and using again.” The key,

they said, “is support. This is an isolated area, families have cut ties with users ... we need support and education for families so they know what to expect, how to support ... they need to realize that relapse is part of recovery, so don’t give up.”

Police said the chances of getting caught are “high.” They added, “First time distributors are only slapped on the wrist ... (and) dealers see no consequences.” General population group members said the chance of getting caught is “miniscule. Only if they are careless. This is a rural area. There are plenty of places to hide.”

The officers said, “People doctor-shop and cross state lines for prescriptions. ... Doctors are starting to put a halt to that. ... Indigent care is where we’ve seen the highest number of prescriptions for pain meds.”

The others stated, people get “large prescriptions filled. Party houses where the adults give it to their kids and sell it (and) kids stealing their parents prescribed medications” were also cited.

All of the participants said they had encountered youth from 14 to 24 years old misusing alcohol, heroin, prescription drugs and marijuana on the Shore.

Law enforcement identified the misused substances as alcohol, heroin,

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prescriptions and marijuana. "Heroin on the rise due to cheap price."

Juvenile probation stated, "Marijuana (is) off the charts. No heroin yet. But soon. Users getting younger and younger. Also prescriptions."

Adult probation noted, "Seeing lots of heroin use."

Emergency room workers said, "Many withdrawals in ER. Youth in mid-20s, 8-9 deaths heroin, overdosed at 18-24 years old."

People in the non-officer group said they know misuses include alcohol, marijuana, crack, tobacco, cocaine, prescription drugs including Adderall, heroin, psychotropic drugs, locally distilled moonshine, wax THC (marijuana's active ingredient) and marijuana eye drops.

The two groups were also asked why people use the drugs.

The officers said people use because there is no recreation, a lack of employment opportunities, to escape and as a coping mechanism. There is a stigma about getting help, transportation services are limited, the Shore is on a trade route between Virginia Beach and Maryland, poverty, dysfunctional families, not enough preventive services and no detox facilities are all contributing factors. "A senior high class has 80 percent of the kids smoking pot, they believe marijuana isn't bad, need programs to find kids at risk, and the idea that prescriptions are safe. Xanax is freely shared."

The other group agreed that boredom, the poor value system, lack of recreation, escapism, lack of maturity, bad home life and unemployment were the reasons. They also said peer pressure, group mentality, self-medication and to help with late night or intense studying were factors.

"Opiate pills seem socially acceptable while heroin seems 'dark alley,'" the officers' answer block stated. "Inmates ... are moving to heroin because it's more available and affordable. This is a new trend, we never used to see such use. Pills were entry drug. Cocaine is still in use on the Eastern Shore ... Even 'good kids' are using cocaine. Seems safe like pot was before."

The big risk factor locally is poverty, which is 20.5 percent of the population in Accomack, and 23.8 percent in Northampton, compared to 11.5 percent statewide and 15.6 percent nationally. Sixty-four percent of Accomack children get free lunch in school. In Northampton, it is 67 percent. The state average is 32 percent. Median income in Accomack is \$38,400; in Northampton it

is \$37,600. The average in Virginia is \$64,900 and nationally it is \$55,775.

The number of children from single parent homes in Accomack is 40 percent, in Northampton it is 46 percent, in Virginia it is 30 percent and nationally it is 33 percent. Teen births per 1,000 from ages 15 to 19 is 54 in Accomack, 55 in Northampton, 27 statewide and 24 nationally.

The report listed the dropout rate as 6 percent in Accomack, 7 percent in Northampton, 5.3 in the state and 6.5 percent nationally. Adults who are older than 25 without a high school diploma are 21.1 percent in Accomack, 20.5 in Northampton, 11.8 percent statewide and 13.4 percent nationally. Adults with some college were listed as 43 percent in Accomack, 41 percent in Northampton, 69 percent in Virginia and 73 percent nationally.

In 2014, there were 495 students listed as homeless on the Shore, or 6.4 percent of the public school population. The state figure is 1.2 percent.

Also, both counties rank near the bottom in the 2016 health ranking for the state. "Because health influences all aspects of life, these are important risk factors to consider when addressing the root causes of dysfunction."

The number of opiate clients served by the Eastern Shore Community Services Board has risen from 47 in 2015 to 90 in 2016. "From 2011 to 2015, the rate of substance abuse services remained higher than that of the state, indicating a higher proportion of residents ... need these services."

Between 2011 and 2015, the rate of juvenile narcotics related intakes increased significantly on the ... Shore from 91.22 to 151.97 per 100,000 juveniles.

Between 2014 and 2015, the number of alcohol impaired driving deaths slightly decreased at all levels and then in the following year increased in both counties while remaining the same across the rest of Virginia. The rate of alcohol-related crashes between 2010 and 2015 per 1,000 drivers is higher on the Eastern Shore and is also higher than the rest of the state.

The rate of suicides on the Shore was lower than that of the state in 2006 to 2008, but began to exceed the state rate in 2009. Since 2006, the rate of suicides with a substance abuse problem remained higher on the Shore compared to the state rate.

"The Eastern Shore Coalition Against Domestic Violence continues to shelter families ... despite the community denial that this and other social problems exist on the Shore," the report stated.

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